

SUMMARY OF VOLUNTARY SHORT TERM DISABILITY INSURANCE BENEFITS

WASHINGTON COUNTY

ELIGIBILITY	All full-time active employees working 20 or more hours per week are eligible for Short-Term Disability coverage. A delayed effective date will apply if the employee is not actively at work on the date that the insurance would otherwise take effect.
WEEKLY BENEFIT	If you are Totally Disabled beyond the elimination period due to a covered injury or sickness, you will be eligible to receive a weekly benefit of 60% of your basic weekly income to a maximum benefit of \$1,000. This coverage is optional.
DEFINITION OF TOTAL DISABILITY	Total Disability means you are unable to perform each of the main duties of your regular occupation on a full-time or part-time basis due to a non-work-related injury or sickness.
ELIMINATION PERIOD	An Elimination Period is the number of continuous days you must be totally disabled before benefit payments start.
BENEFIT DURATION	Maximum Benefit Duration is the longest period of time that benefits will continue to be paid to you during a period of disability.
GUARANTEE ISSUE	This coverage is extended to you without requiring evidence of insurability as long as you meet eligibility requirements and enroll during your eligibility period. If you do not apply for this coverage when you are initially eligible and you choose to apply at a later date, you will be responsible for any expenses associated with obtaining further medical information.
PARTIAL DISABILITY BENEFITS	Partial Disability means that due to a non-work-related sickness or injury, you are unable to perform one or more of the main duties of your regular occupation or are unable to perform such duties on a full-time basis. You must be totally disabled prior to receiving partial benefits. To qualify for the benefit you must satisfy the elimination period and be earning less than 80% of your pre-disability salary. Partial disability benefits are reduced by earnings from any form of employment and end on the earliest of the date you cease to be partially disabled, the date your earnings exceed 85% of your pre-disability income or the date the maximum benefit duration ends.
PRE-EXISTING CONDITION	A Pre-Existing Condition means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) during the 12 months prior to the coverage effective date. A disability arising from any such injury or sickness will be covered only if it begins after you have been insured for 12 consecutive months.
PREGNANCY	Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin. The pre-existing condition exclusion applies as for any illness.
EXCLUSIONS	Benefits are not payable while you are not under the regular care of a physician; if disability is due to intentional, self-inflicted injury; if disability is due to an injury or sickness covered by Workers' Compensation or resulting from employment for wage and profit; or while you receive payment under a salary continuance or retirement plan sponsored by your employer.
NON-OCCUPATIONAL	Short-Term Disability insurance covers only non-occupational injury or sickness. Worker's Compensation normally covers an employee's work-related accident, injury or sickness.
BENEFIT REDUCTION	The Short-Term Disability benefit duration will reduce by 50% at age 70 and will terminate at retirement.

This is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you describing the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

**Coverage Underwritten by Jefferson Pilot Financial Insurance Company
8801 Indian Hills Drive, Omaha, NE 68114**

VOLUNTARY SHORT TERM DISABILITY PROGRAM SPECIFICATIONS

Prepared For

WASHINGTON COUNTY

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Employee Benefit Amount

Excellent opportunity to purchase group short term disability insurance on a payroll deduction basis.
60.0% of your salary, rounded to the nearest dollar, up to \$1,000
\$1,000 Guarantee Issue

Elimination Period

This is the number of continuous days you must be totally disabled before benefit payments start.

Benefits Begin:

8 Day Accident / 8 Day Sickness

Maximum Benefit Duration

This is the longest period of time that benefits will continue to be paid to you during a period of disability:
13 Weeks

Pre-Existing Exclusion

"Pre-existing condition" means any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or the taking of prescribed drugs or medicines) during the 12 months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date.

Other Benefits Included

Pregnancy, Alcoholism, Drug Addiction, Mental, and Nervous conditions are treated the same as any other sickness
Partial Disability Benefits

Program Eligibility

All full-time employees regularly scheduled to work at least 20 hours each week.
Employees must be actively at work on the day coverage takes effect.
Benefits terminate at retirement.

Program Effective Date

September 01, 2004

All Late Entrants are required to complete satisfactory Evidence of Insurability information.
Ten (10) employees must participate for this program to be effective.

Bi-Weekly Premium Calculation

John Doe is 35 and earns \$500 per week.
 $\$500 \times .01357 = \6.78 Bi-Weekly premium

Attained Age	Premium Factors
Less than 30	.01495
30 - 34	.01440
35 - 39	.01357
40 - 44	.01302
45 - 49	.01385
50 - 54	.01606
55 - 59	.01966
60 - 64	.02382
65 - 69	.02714
70 - 74	.02963
75 - 80	.03240

\$ _____ x _____ = \$ _____
Your Weekly Salary* Premium Factor Your Bi-Weekly Cost

*Maximum covered payroll is \$1,666 weekly